

SERIAL NUMBER 09/420,787	FILING DATE 10/19/99	CLASS 345	GROUP ART UNIT 2775	ATTORNEY DOCKET NO. M3850.0029/P
-----------------------------	-------------------------	--------------	------------------------	-------------------------------------

APPLICANT

TED DANIELS, NAMPA, ID.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

CSM

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

CSM

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

CSM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/09/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWING 6	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>CSM</u> Examiner's Initials Initials					

ADDRESS	THOMAS J D'AMICO OF DICKEN SHAPIRO MORIN & OSHINSKY LLP 2104 L STREET N W WASHINGTON DC 20037-1526
---------	---

TITLE	PORTABLE INPUT DEVICE FOR COMPUTER
-------	------------------------------------

FILING FEE RECEIVED  \$1,192	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	---



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/420,787	<b>FILING DATE</b> 10/19/1999 <b>RULE</b> —	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2775	<b>ATTORNEY DOCKET NO.</b> M3850.0029/P	
<b>APPLICANTS</b> TED DANIELS, NAMPA, ID ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/09/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>ML</i> Initials <i>lem</i>		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Paul Parker, Esq. Perkins Coie, LLP 1201 Third Avenue Suite 4800 Seattle, WA 98101-3099					
<b>TITLE</b> PORTABLE INPUT DEVICE FOR COMPUTER					
<b>FILING FEE RECEIVED</b> 1192	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		